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Order Form for Satisfaction of Compliance

Use this form to request a Satisfaction of Compliance form to clear the deed and allow the recordation of a property transfer that satisfies the Rental Weatherization Program for one of the following reasons. Processing may take up to 30 days. You will need to record the document that we mail to you at the Register of Deeds in the county where the property is located.

some other invo	n of Stipulation or Waiver based on involunt columnary transfer. Include a copy of the official Waiver. There is no fee for this document.	tary transfer such as foreclosure; bankruptcy; probate or court order document along with a copy of the
		Occupancy – If you are taking over a Stipulation or respectively, include a copy of the Stipulation or Waiver
1. Co 2. Pro pro of ' There is no fee the first year o	operty address as the owner's mailing address; of W-2s or two years of property tax bills. for this document. Note that this option is only of a Stipulation, or the first two years of a Wa ave to sign the Transfer section of the original of	te Transfer Return OR to of the following: copies of the following showing the driver's license; two months of telephone bills; two years available for owner-occupancy that takes place in laiver, for a property that has four or less dwelling units. For certified copy of the Stipulation or Waiver (available)
permit, paid inv		ipulation or Waiver and one of the following: demolition Fire Dept letter (test burn) or a letter from a municipal med.
Compliance for associated Stipp	which you are requesting a recordable duplical ulation agreement if possible (available from the	e of Compliance. Include a copy of the Certificate of te, unless it is listed in our database, and a copy of any e Register of Deeds). There is a \$50.00 fee for this Department Of Commerce.[REVENUE CODE 7646]
Rental P.O. E	rm, supporting documents and check, if applical Weatherization Program Box 7302 son WI 53707-7302	ble, to:
The first three (608)283-7413.		y fax this form and supporting documentation to
	property located at: Address the name and address of where to send the doc	Cityuments, and daytime phone in case of questions:
	First and Last Name and Business Name	
	*PLEASE USE STREET ADDRESS - not P.O. Box	
	City, State, and Zip Code	
	Daytime Phone	